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PATENT
450100-3601.2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE


Applicants : Yoichiro Sako et al.
Serial No. : 09/611,145
Filed : July 6, 2000
For : SIGNAL REPRODUCING/RECORDING/TRANSMITTING METHOD
AND APPARATUS AND SIGNAL RECORD MEDIUM
Examiner : James A. F. Curcio
Art Unit : 2122

745 Fifth Avenue
New York, New York 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Mail Stop AF, Commissioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450, on November 10, 2004.

Bruno Polito, Reg. No. 38,580

Name of Applicant, Assignee or Registered Representative



Signature

November 10, 2004

Date of Signature

AMENDMENT AFTER FINAL ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Action mailed September 13, 2004, please amend the
above-identified application as follows.

ITW AF
2132

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) Yoichiro Sako et al.

Serial No. 09/611,145

Filed July 6, 2000

For SIGNAL REPRODUCING/RECORDING/TRANSMITTING
METHOD AND APPARATUS AND SIGNAL RECORD MEDIUM

Examiner : James A. F. Curcio

Art Unit : 2132

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

- Transmitted herewith is an amendment in the above-identified application.
- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below.
- ☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	40	Minus	** = 40	* 0 x	\$18 (9)	= \$ 0.00
Independent claims	6	Minus	*** = 6	* 0 x	\$88 (44)	= \$0.00
Total additional fee for this amendment						\$ 0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
- *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Bruno Polito, Reg. No. 38,580

Name of Applicant, Assignee or Registered Representative

B. Polito
Signature

November 10, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

B. Polito
Bruno Polito
Reg. No. 38,580
Tel: 212-588-0800